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Bib Data Sheet

CONFIRMATION NO. 9965

<b>SERIAL NUMBER</b> 10/007,642	<b>FILING DATE</b> 11/06/2001 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2176	<b>ATTORNEY DOCKET NO.</b> GOLDENH.006A	
<b>APPLICANTS</b> Scott J. Jones, Escondido, CA; Kevin C. Hutton, Solana Beach, CA;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/246,263 11/06/2000 <i>me</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>me</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> ** 12/26/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>me</i> <i>me</i> <i>me</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 20995					
<b>TITLE</b> Billing modifier module for intergrated emergency medical transportation database system					
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		